



MISSOURI DIVISION OF MEDICAL SERVICES

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PSYCHOTHERAPY BULLETIN:

PHYSICIAN (PSYCHIATRIST) PSYCHOLOGIST, PCNS, LCSW, LPC, FQHC, RHC

Provider Bulletin News: Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website address <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Please note new website address.

Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

Missouri Medicaid News: Missouri Medicaid providers may sign-up to receive automatic notifications of all bulletins and other official Missouri Medicaid communications via e-mail. Providers and other interested parties are urged to go to the DMS website to subscribe to the e-mail list.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

HIPAA

To prepare for the mandatory implementation of Health Insurance Portability and Accountability Act (HIPAA) standards, Division of Medical Services (DMS) has redefined how Rural Health Clinics (RHC'S), Federally Qualified Health Centers (FQHC'S), Community Mental Health Centers (CMHC'S), psychiatrists, psychiatric clinical nurse specialists (PCNS'S), psychologists, licensed clinical social workers (LCSW'S), and licensed professional counselors (LPC'S) must bill for services in order to be in compliance with the implementation of national transaction and code sets. HIPAA mandates the use of standard HCPCS code sets; however, it does *not* require states to add coverage for services that it does *not* currently cover.

Billing providers wishing to exchange electronic transactions with Missouri Medicaid may now view the X12N Version 4010A1 Companion Guide on Missouri Medicaid's web page at <http://www.dss.mo.gov/dms>. To access the Companion Guide, select Missouri Medicaid Electronic Billing Layout Manuals; select System Manuals; select Electronic Claims Layout Manuals; select X12N Version 4010A2 Companion Guide. For information on Trading Partner Agreements, select Section 1 – Getting Started; select Trading Partner Registration. All Questions concerning Trading Partner Agreements or provider testing schedules should be directed to the Verizon Help Desk at 573-635-3559.

With the implementation of HIPAA national standards by Missouri Medicaid, the following non-HIPAA compliant methods of electronic claims submission will be phased out and will no longer be available for use by providers:

- § Accelerated Submission and Procession (ASAP) System
- § Bulletin Board System (BBS)
- § Direct Electronic File Transfer (DEFT)
- § Direct Electronic Medicaid Information (DEMI)
- § Magnetic Tape Billing (MTB)

The existing formats and media will be available during a short grace period for providers unable to produce a HIPAA-compliant 837 professional transaction starting November 1, 2003. Providers may continue to bill current Missouri Medicaid formats and media during this grace period.

TYPE OF SERVICE

With the implementation of HIPAA national standards on October 16, 2003, type of service will no longer be a valid code set. Type of service must not be included on any type of claim submission (other than the non-HIPAA compliant formats and media as defined above) on or after October 16, 2003, regardless of the date of service being billed.

PROCEDURE CODES

Effective November 1, 2003 providers must begin using the appropriate covered procedure code along with any specified modifiers listed in this bulletin.

The Centers for Medicare and Medicaid Services (CMS) in conjunction with the National Editorial HCPCS Panel has approved and released (13) Medicaid Level of Care descriptive modifiers. All modifiers, including two of the level of care descriptive modifiers used in the psychotherapy program are defined below:

AH - Clinical Psychologist
AJ - Clinical Social Worker
UD - Licensed Professional Counselors
U8 - Home/Other

PSYCHOLOGICAL SERVICES IN A NURSING HOME

Medicaid does not cover psychotherapy services, with the exception of 90862, to nursing facility residents when those services are provided in a nursing home. This is the policy regardless of any arrangement a provider may have with a nursing facility concerning the leasing of office space within the nursing home. If psychotherapy services are provided in the long term care facility itself, there is no Medicaid coverage afforded a recipient. Any costs incurred by a facility for the provision of these services are not allowable costs on the nursing facility's Medicaid cost report.

COPAY

A \$5 copay is required from those recipients whose Medicaid eligibility code is 74 and a \$10.00 copay is required from those recipients whose Medicaid eligibility code is 75 and 76 for procedure codes 90801 and 96100 with or without a modifier. See sections 1 and 13 of the Medicaid provider manual at <http://www.dss.mo.gov/dms> for more information on copay.

UNIT OF SERVICE

Effective November 1, 2003, units of service will change for some psychological procedure codes. These changes are due to changes made to coding in order to comply with HIPAA. Prior to November 1, 2003, continue to use the billing policy in effect on the date the service was provided.

A unit of service by CPT definition, which represents 20-30 minutes, must include at least 20 minutes face-to-face with the recipient. When more than 20 but less than 30 minutes is spent face-to-face with the recipient, the remainder of the unit must be directed to the benefit of the recipient, including but not limited to, report writing, note summary, reviewing treatment plan, etc.

A unit of service by CPT definition, which represents 45-50 minutes must include at least 45 minutes face-to-face with the recipient. When more than 45 but less than 50 minutes is spent face-to-face with the recipient, the remainder of the unit must be directed to the benefit of the recipient, including but not limited to, report writing, note summary, reviewing treatment plan, etc.

PRIOR AUTHORIZATION

- PA is required for Family Therapy without the patient present for all children age 0-20.
- PA is required for Individual Therapy, Family Therapy with Patient Present, and Group Therapy for children age 0 through 2 years.

Those psychology/counseling services that ordinarily require prior authorization are exempt from the PA requirement if performed during an inpatient hospital stay.

COMBINATION BILLING

A provider may not bill a combination of a time measured psychotherapy code such as (90804) with a psychotherapy code including a time measure psychotherapy code (90806) on the same date of service.

A provider may not bill a combination of a time measured psychotherapy code such as (90804) with a psychotherapy code including a medical component (90805) on the same date of service.

A provider may not bill a combination of time measured insight oriented code (90804) with an interactive code (90810) on the same date of service.

Group therapy (90853) may not be billed on the same date of service as family therapy (90846 or 90847) unless the recipient is inpatient, in a residential treatment facility or custodial care facility.

SERVICES PROVIDED IN GROUP HOME AND SCHOOL

A group home is a child care facility, which approximates a family setting, provides access to community activities and resources and provides care to no more than 2-12 children. When providing therapy to a group of children in a group home, 90853 is billed with place of service 99.

Group therapy is not covered in the home (place of service 12) for a family unit living under the same roof. If therapy is provided to a family unit, family therapy must be billed. Settings which do not necessarily approximate a family setting, but whose purpose is to provide one shelter for a group of individuals (home for pregnant teens), group therapy is billed instead of family therapy with a place of service 99.

Effective November 1, 2003 services provided in a public school must be billed using place of service 3. Services provided in a private school setting must be billed using a place of service 99.

PROCEDURE CODE LIMITATION

Procedure code with or without modifier	Limitations
90801, 90802	Six units per year
96100	Four units per year
90804, 90805, 90806, 90807, 90811, 90846, 90847,	One per day and 5 per month
90810, 90812, 90813	One per day and 5 per month with progress notes attached to claim.
90816, 90817, 90818, 90819	One per day
90823, 90824, 90826, 90827	One per day allowed in place of service 21, 51, 61, 56, and 33
90853	3 per day and 15 per month
90862	Home and other place of service only
90870, 90871	One per day, allowed in place of service 21, 51, 61, 56, 23
90885	One per stay, allowed in place of service 21, 51, 61, 56
S9484	6 per year, more than 6 must attach documentation of medical need and progress notes with claim.

PSYCHIATRISTS, PSYCHIATRIC CLINICAL NURSES, COMMUNITY MENTAL HEALTH CENTERS, FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS

Effective for dates of service November 1, 2003 and after claims must be submitted using procedure codes and modifiers listed in the table below. Modifier U8 must be used when submitting claims for place of service 12 (home) or 99 (other).

Dates of service prior to November 1, 2003 must be billed using the claim filing instructions and policy in place for that specific date of service.

PROCEDURE CODE	MODIFIER 1	MODIFIER 2	MEDICAID MAXIMUM ALLOWED	MAXIMUM QUANTITY	DESCRIPTION
90801			30.00	6	Psy dx interview
90801	U8		35.00	6	Psy dx interview, home or other
90802			30.00	2	Intac psy dx interview
90802	U8		35.00	2	Intac psy dx interview, home or other
90804			30.00	1	Psy tx, office, 20-30 min
90804	U8		35.00	1	Psy tx, office, 20-30 min, home or other
90805			35.00	1	Psy tx, off, 20-30 min w/e&m
90805	U8		40.00	1	Psy tx, off, 20-30 min w/e&m, home or other
90806			60.00	1	Psy tx, off, 45-50 min
90806	U8		70.00	1	Psy tx, off, 45-50 min, home or other
90807			65.00	1	Psy tx, off, 45-50 min w/e&m
90807	U8		75.00	1	Psy tx, off, 45-50 min w/e&m, home or other
90810			30.00	1	Intac psy tx, off, 20-30 min
90810	U8		35.00	1	Intac psy tx, off, 20-30 min, home or other
90811			35.00	1	Intac psy tx, 20-30, w/e&m
90811	U8		40.00	1	Intac psy tx, 20-30, w/e&m, home or other
90812			60.00	1	Intac psy tx, off, 45-50 min
90812	U8		70.00	1	Intac psy tx, off, 45-50 min home or other
90813			65.00	1	Intac psy tx, 45-50 min w/e&m
90813	U8		75.00	1	Intac psy tx, 45-50 min w/e&m, home or other
90816			30.00	1	Psy tx, hosp, 20-30 min
90817			35.00	1	Psy tx, hosp, 20-30 min w/e&m
90818			60.00	1	Psy tx, hosp, 45-50 min
90819			65.00	1	Psy tx, hosp, 45-50 min w/e&m
90823			30.00	1	Intac psytx, hosp, 20-30 min
90824			35.00	1	Intac psy tx, hsp 20-30 w/e&m
90826			60.00	1	Intac psy tx, hosp, 45-50 min

PROCEDURE CODE	MODIFIER 1	MODIFIER 2	MEDICAID MAXIMUM ALLOWED	MAXIMUM QUANTITY	DESCRIPTION
90827			65.00	1	Intac psy tx, hsp 45-50 w/e&m
90846			30.00	2	Family psy tx w/o patient
90846	U8		35.00	2	Family psy tx w/o patient, home or other
90847			30.00	2	Family psy tx w/patient
90847	U8		35.00	2	Family psy tx w/patient, home or other
90853			12.50	3	Group psychotherapy
90862			12.50	1	Medication management
90865			25.00	1	Narcosynthesis
90870			30.00	1	Electroconvulsive therapy
90871			30.00	3	Electroconvulsive therapy
90880			8.00	1	Hypnotherapy
90885			24.00	1	Psy evaluation of records
90899			MP	1	Unlisted Psy serv proc
96100			60.00	4	Psychological testing
96105			35.00	1	Assessment of aphasia
96111			35.00	1	Developmental test, extend
96115			35.00	1	Neurobehavior status exam
S9484			60.00	6	Crisis intervention, per hour
S9484	U8		65.00	6	Crisis intervention, per hour home

PSYCHOLOGIST SERVICES

Effective for dates of service November 1, 2003 and after, psychologists must submit claims using the AH modifier on all procedure codes. Services provided in place of service 12 (home) or 99 (other) must be submitted using both the AH and U8 modifier. Psychological procedure codes are listed in the table below.

Dates of service prior to November 1, 2003 must be billed using the claim filing instructions and policy in place for that specific date of service.

PROCEDURE CODE	MODIFIER 1	MODIFIER 2	MEDICAID MAXIMUM ALLOWED	MAXIMUM QUANTITY	DESCRIPTION
90801	AH		30.00	6	Psy dx interview
90801	AH	U8	35.00	6	Psy dx interview, home or other
90802	AH		30.00	2	Intac psy dx interview
90802	AH	U8	35.00	2	Intac psy dx interview, home or other
90804	AH		30.00	1	Psy tx, office, 20-30 min
90804	AH	U8	35.00	1	Psy tx, office, 20-30 min, home or other
90806	AH		60.00	1	Psy tx, off, 45-50 min
90806	AH	U8	70.00	1	Psy tx, off, 45-50 min, home or other
90810	AH		30.00	1	Intac psy tx, off, 20-30 min
90810	AH	U8	35.00	1	Intac psy tx, off, 20-30 min, home or other
90812	AH		60.00	1	Intac psy tx, off, 45-50 min
90812	AH	U8	70.00	1	Intac psy tx, off, 45-50 min home or other
90816	AH		30.00	1	Psy tx, hosp, 20-30 min
90818	AH		60.00	1	Psy tx, hosp, 45-50 min
90823	AH		30.00	1	Intac psy tx, hosp, 20-30 min
90826	AH		60.00	1	Intac psy tx, hosp, 45-50 min
90846	AH		30.00	2	Family psy tx w/o patient
90846	AH	U8	35.00	2	Family psy tx w/o patient, home or other
90847	AH		30.00	2	Family psy tx w/patient
90847	AH	U8	35.00	2	Family psy tx w/patient, home or other
90853	AH		12.50	3	Group psychotherapy
90880	AH		8.00	1	Hypnotherapy
90885	AH		24.00	1	Psy evaluation of records
90899	AH		MP	1	Unlisted Psy serv proc
96100	AH		60.00	4	Psychological testing
96105	AH		35.00	1	Assessment of aphasia
96111	AH		35.00	1	Developmental test, extend
96115	AH		35.00	1	Neurobehavior status exam
S9484	AH		60.00	6	Crisis intervention, per hour
S9484	AH	U8	65.00	6	Crisis Intervention, per hour home or other

LICENSED CLINICAL SOCIAL WORKERS

Effective for dates of service November 1, 2003 and after, licensed clinical social workers must submit claims using the AJ modifier on all procedure codes. Services provided in place of service 12 (home) or 99 (other) must be submitted using both the AJ and U8 modifier. LCSW procedure codes are listed in the table below.

Dates of service prior to November 1, 2003 must use the claims filing instructions and policy in place for that specific date of service.

PROCEDURE CODE	MODIFIER 1	MODIFIER 2	MEDICAID MAXIMUM ALLOWED	MAXIMUM QUANTITY	DESCRIPTION
90801	AJ		24.00	6	Psy dx interview
90801	AJ	U8	29.00	6	Psy dx interview, home or other
90802	AJ		24.00	2	Intac psy dx interview
90802	AJ	U8	29.00	2	Intac psy dx interview, home or other
90804	AJ		24.00	1	Psy tx, office, 20-30 min
90804	AJ	U8	29.00	1	Psy tx, office, 20-30 min, home or other
90806	AJ		48.00	1	Psy tx, off, 45-50 min
90806	AJ	U8	58.00	1	Psy tx, off, 45-50 min, home or other
90810	AJ		24.00	1	Intac psy tx, off, 20-30 min
90810	AJ	U8	29.00	1	Intac psy tx, off, 20-30 min, home or other
90812	AJ		48.00	1	Intac psy tx, off, 45-50 min
90812	AJ	U8	58.00	1	Intac psy tx, off, 45-50 min, home or other
90816	AJ		24.00	1	Psy tx, hosp, 20-30 min
90818	AJ		48.00	1	Psy tx, hosp, 45-50 min
90823	AJ		24.00	1	Intac psy tx, hosp, 20-30 min
90826	AJ		48.00	1	Intac psy tx, hosp, 45-50 min
90846	AJ		24.00	2	Family psy tx w/o patient
90846	AJ	U8	29.00	2	Family psy tx w/o patient, home or other
90847	AJ		24.00	2	Family psy tx w/patient
90847	AJ	U8	29.00	2	Family psy tx w/patient, home or other
90853	AJ		10.00	3	Group psychotherapy
S9484	AJ		48.00	6	Crisis intervention, per hour
S9484	AJ	U8	53.00	6	Crisis intervention, per hour, home or other

LICENSED PROFESSIONAL COUNSELORS

Effective for dates of service November 1, 2003 and after, licensed professional counselors must submit claims using the UD modifier on all procedure codes. Services provided in place of service 12 (home) or 99 (other) must be submitted using both the UD and U8 modifier. LPC procedure codes are listed in the table below.

Dates of service prior to November 1, 2003 must use the claims filing instructions and policy in place for that specific date of service.

PROCEDURE CODE	MODIFIER 1	MODIFIER 2	MEDICAID MAXIMUM ALLOWED	MAXIMUM QUANTITY	DESCRIPTION
90801	UD		24.00	6	Psy dx interview
90801	UD	U8	29.00	6	Psy dx interview, home or other
90802	UD		24.00	2	Intac psy dx interview
90802	UD	U8	29.00	2	Intac psy dx interview, home or other
90804	UD		24.00	1	Psy tx, office, 20-30 min
90804	UD	U8	29.00	1	Psy tx, office, 20-30 min home or other,
90806	UD		48.00	1	Psy tx, off, 45-50 min
90806	UD	U8	58.00	1	Psy tx, off, 45-50 min, home or other
90810	UD		24.00	1	Intac psy tx, off, 20-30 min
90810	UD	U8	29.00	1	Intac psy tx, off, 20-30 min, home or other
90812	UD		48.00	1	Intac psy tx, off, 45-50 min
90812	UD	U8	58.00	1	Intac psy tx, off, 45-50 min, home or other
90816	UD		24.00	1	Psytx, hosp, 20-30 min
90818	UD		48.00	1	Psytx, hosp, 45-50 min
90823	UD		24.00	1	Intac psy tx, hosp, 20-30 min
90826	UD		48.00	1	Intac psy tx, hosp, 45-50 min
90846	UD		24.00	2	Family psy tx w/o patient
90846	UD	U8	29.00	2	Family psy tx w/patient, home or other
90847	UD		24.00	2	Family psy tx w/patient
90847	UD	U8	29.00	2	Family psy tx w/patient, home or other
90853	UD		10.00	3	Group psychotherapy
S9484	UD		48.00	6	Crisis intervention, per hour
S9484	UD	U8	53.00	6	Crisis intervention, per hour, home or other

Provider Communications

(800) 392-0938
or
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